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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE
The Lennox Independent		9/21/17
3. FREQUENCY OF ISSUE: weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: 30/40

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 116 S Main, Lennox, SD 57039

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): 116 S Main, Lennox, SD 57039

6. FULL NAME OF PUBLISHER:

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Independent Publishing, L.L.C.	116 S Main St., Lennox, SD 57039

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1580	1530
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	271	350
2. Mail Subscription (Paid and or requested)	1104	1111
3. Paid Electronic Copies	30	30
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1405	1491
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	144	20
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1549	1511
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	20	19
2. Return from News Agents	11	0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1580	1530

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Debbie Schmidt (Signature)

Co-publisher/Business Manager (Title)

State of South Dakota)
§
County of Lincoln)

(Seal)

Sworn to before me this 20th day of Sept, 2017

Notary Public

My commission expires: Aug 13 2024

Form: SOS REC 051 9/2016

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